

Emergency Department Visit Rate due to Diabetes	
<b>SHIP website description</b>	This indicator shows the emergency department visit rate due to diabetes (per 100,000 population). Diabetes can lead to blindness, heart and blood vessel disease, stroke, kidney failure, amputations, nerve damage, pregnancy complications and birth defects. Emergency department visits for diabetes- related complications may signify that the disease is uncontrolled. In Maryland, there were 12,907 emergency department visits for primary diagnosis of diabetes in 2014.
<b>Source</b>	Maryland Health Services Cost Review Commission (HSCRC), Research Level Statewide Outpatient Data Files
<b>Numerator</b>	Number of emergency department visits due to diabetes (Number of emergency department visits for which the primary diagnosis was coded as 250.xx)
<b>Denominator</b>	NCHS Vintage Bridged-Race Postcensal Population Estimates (same as DHMH Vital Statistics Administration pop estimates)
<b>Threshold</b>	Numerator <50 OR Denominator <1000.
<b>Censorship (if below threshold)</b>	Rate not reported if below threshold.
<b>Calculation and metric</b>	$(\text{Numerator}/\text{Denominator}) * 100,000$ ; Single-year calculation age-adjusted to 2000 U.S. standard population
<b>Race/ethnicity categories (on SHIP chart)</b>	All races (aggregated) Black Hispanic White Asian/ Pacific Islander

<b>Other</b>	<p>The methodology used to identify race in the HSCRC data files changed in 2013. Therefore, data reports in 2013 and beyond may not be comparable to data reports released in earlier years.</p> <p>Data are of Maryland residents seeking care at a Maryland hospital. Data may be underreported, especially in counties contiguous to DC.</p> <p>Due to data collection issues, race categories for 2015 do not match the previous years of data.</p> <p>HSCRC data prior to 3Q (3rd quarter, October) 2015 is not coded for ICD 10. It is only coded for ICD 9. HSCRC data after 3Q 2015 is only coded in ICD 10 not ICD 9. Therefore, data before and after this time period (October 2015) is incomparable. OPHI has decided that due to this SHIP will display 2015 as a "cut" in the data. 2015 data will not be displayed. Rather measures for 2014 and 2016 will be treated and displayed separately. If SHIP users require 2015 data for reporting or planning purposes, they will be directed to communicate directly with the SHIP data analyst for technical assistance.</p> <p>The methodology used to select emergency department visits in the HSCRC data files changed in 2016. Therefore, data reports in 2016 and beyond are not be comparable to data reports released in earlier years.</p>
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